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APPLICANTS

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** CONTINUING DATA *****

AP None

** FOREIGN APPLICATIONS *****

AP None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/22/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	13	20	2
Verified and Acknowledged Examiner's Signature <i>AP</i> Initials				

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TITLE

MEDICAL WASTE DISPOSAL SYSTEM

FILING FEE RECEIVED 3254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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